



CITY OF IMPERIAL
DEPARTMENT OF PARKS AND RECREATION
POOL FACILITY RESERVATION APPLICATION
618 West Barioni Boulevard

Swim Parties may be scheduled on Saturdays and Sundays during the Summer Swim Season. Reservations are required at least 2 weeks prior of the event to allow scheduling of lifeguards. Cancellations must be given at least 3 days in advance or a cancellation fee will be processed. Pool area and restrooms are to be left clean and in good condition. \$100 cleaning deposit will be held and will be returned subject to inspection by pool staff. Lifeguards will be provided.

City of Imperial Resident Rates:

Private Parties-3 Hours

1-40 People: \$150
41-60 People: \$175
61-80 People: \$200
81-100 People: \$225

Organized Youth Group Parties-2 Hours

Maximum of 75 People: \$75

APPLICANT INFORMATION:

Organization Name (if applicable): _____

Organization Address: _____

Last Name: _____ First Name: _____

Address: _____ City/Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

RESERVATION INFORMATION:

Activity Date(s): _____ 11:00 - 3:00 pm 4:00 - 8:00 pm

Set up and clean up times are included in reservation.

TYPE OF ACTIVITY: _____

Estimated total attendance (including adults and children): _____ Age Range of Children: _____

Acceptance of Responsibility, Release, and Liability

I (We) assume full responsibility for any damages to the City of Imperial and Imperial Unified School District equipment and/or property that occur as a result of the requested use. Furthermore, I (We) understand that the City of Imperial, Imperial Unified School District, its staff, and members of the Parks and Recreation Committee, will not be held liable for any injury or damage which may occur to me, my guest, and/or members of the above-named organization and our property during our requested use of the facility. All applicants must provide a Certificate of Insurance, naming the City of Imperial, its agents, servants and employees as additional insured, evidencing the following:

Individuals: Personal liability/home owners insurance with per occurrence and aggregate limits of not less than \$300,000.00.

Groups: Commercial general liability insurance with per occurrence and aggregate limits of not less than \$1,000,000.00

Signature of Applicant

Date

(034) USAGE

☐ POOL \$ _____
☐ NON-RESIDENT \$ _____

(05) DEPOSIT

☐ CLEANING

\$100

APPROVED BY:

☐ DIRECTOR _____

RECEIPT:

☐ CASH _____
☐ CHECK # _____
☐ CHECK DEPOSIT # _____

COMMENTS:

